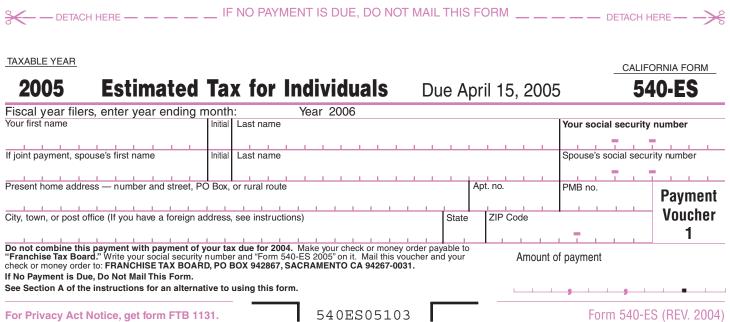
540-ES Voucher 1 at bottom of page



TAXABLE YEAR

CALIFORNIA FORM

2005	Estimated	Tax	for	Individuals	Due June 15	, 2005	540-ES	
Fiscal year file Your first name	rs, enter year ending r		.ast name	Year 2006		Your soci	al security number	
If joint payment, sp	ouse's first name	Initial L	ast name	•		Spouse's	social security number	
Present home addr	ress — number and street, P	O Box, or	rural rout	te	Apt. no.	PMB no.	Payment	
City, town, or post of	office (If you have a foreign a	ddress, s	ee instruc	etions)	State ZIP Co	de	Voucher 2	
"Franchise Tax Boa check or money orde If No Payment is Du	ard." Write vour social security	number a	and "Form X 942867	04. Make your check or mone 540-ES 2005" on it. Mail this v , SACRAMENTO CA 94267-0	voucher and vour	Amount of payment		
For Privacy Act	Notice, get form FTB 11	31.		540ES0510)3	For	m 540-ES (REV. 2004)	
	CH HERE — — — —	IF1	NO PAY	MENT IS DUE, DO NO	OT MAIL THIS FORM		DETACH HERE — ———————————————————————————————	
2005	Estimated	Tax	for	Individuals	Due Sept. 15	, 2005	540-ES	
Fiscal year file Your first name	rs, enter year ending r		.ast name	Year 2006		Your soci	al security number	
If joint payment, sp	ouse's first name	Initial L	ast name			Spouse's	social security number	
Present home addr	ress — number and street, P	O Box, or	rural rout	te	Apt. no.	PMB no.	Payment	
City, town, or post of	office (If you have a foreign a	ddress, s	ee instruc	ctions)	State ZIP Co	de	Voucher	
"Franchise Tax Boa check or money orde If No Payment is Du	ard." Write vour social security	number a	and "Form X 942867	04. Make your check or mone 540-ES 2005" on it. Mail this v , SACRAMENTO CA 94267-0	voucher and vour	Amount of payment	3	
For Privacy Act	or Privacy Act Notice, get form FTB 1131. 540ES05103						Form 540-ES (REV. 2004)	
— DETAC	CH HERE — — — —	IF 1	NO PAY	MENT IS DUE, DO NO	OT MAIL THIS FORM _		DETACH HERE — —	
TAXABLE YEAR		_					CALIFORNIA FORM	
2005			for	Individuals	Due Jan. 17	2006	540-ES	
Your first name	rs, enter year ending r		ast name	Year 2006		Your soci	al security number	
If joint payment, sp	ouse's first name	Initial L	ast name	;		Spouse's	social security number	
Present home addr	ress — number and street, P	O Box, or	r rural rout	te	Apt. no.	PMB no.	Payment	
City, town, or post of	office (If you have a foreign a	ddress, s	ee instruc	otions)	State ZIP Co	de	Voucher	
"Franchise Tax Boa check or money orde If No Payment is Du	ard." Write your social security	number a	and "Form X 942867	04. Make your check or mone 540-ES 2005" on it. Mail this v , SACRAMENTO CA 94267-0	voucher and your	Amount of payment		